



STATE TROOPER APPLICANTS SPECIAL INSTRUCTIONS

Please follow these important instructions.

This packet is part of the selection process. Your failure to following these instructions or provide the necessary documentation will result in your file being placed inactive. If you have questions, please refer to pages 2, 28 and 29 for further instructions or help.

- Step 1. Print out this entire packet. (Single Sheet Only, No double sided copies)
- Step 2. Complete all pages of this packet, ensure that you have all the forms that require a notary signature to be signed and notarized. (We will not notarize forms for you.) Also ensure that you have all the requested forms and documents attached to this packet.
- Step 3. Make a copy of your completed packet. (We will not make copies for you.)
- Step 4. Bring this completed packet and the copy that you made to the testing site on your scheduled date. (Do not mail this packet)
- Step 5. Ensure that you have Page 27, of the Supplemental Application, CJSTC 75, CJSTC 75A, CJSTC 75B and the Patients Personal Medical History completed by your physician (MD not LPN or equivalent).
- Step 6. You should make arrangements to be at the testing facility for the entire day. The conditions of employment are based upon your successful completion of the Physical Abilities Test. If you plan to attend, each applicant must bring written proof of a passing Pre-employment Written Test for Law Enforcement Officer – Basic Abilities Test (BAT). The Florida Highway Patrol will no longer be administering this test. Applicants will not be processed unless they have written proof of passing this BAT Test. Additional information and study material can be found at the Florida Department of Law Enforcement website: <http://www.fdle.state.fl.us/cms/CJSTC/Officer-Requirements/Basic-Abilities-Test.aspx>
This website will provide you with information on how you may obtain a study guide and participate in this BAT test at selection centers located throughout the State of Florida. The Florida Highway Patrol does not provide a study guide or other information pertaining to this test. If you have taken the BAT Test for Law Enforcement Officer within the last four years and passed please bring written proof of a passing score with you to testing.
- Step 7. Ensure that if you have any tattoos that they are in compliance with Florida Highway Patrol Policy. (See page 26, for the policy) If you are in violation of our tattoo policy you will not be allowed to continue in the selection process.
- Step 8. Do not arrive late. You will not be admitting to testing after 6:00am. Please make allowance for distance and traffic. Bring with you two #2 pencils and an ink pen.

The back of this packet contains directions to the three testing sites (Miami/Orlando/Tallahassee-Havana). Please ensure that you appear at your chosen testing site. You do NOT have to call and confirm your attendance. Applicants who fail to attend the Physical Abilities Test (PAT) or arrive late are considered no longer interested in the State Trooper position. The State of Florida Employment Application is purged and you are removed from the process.

Applicants who fail to attend and are interested in re-entering the selection process or wish to reschedule the PAT Test, must complete and submit a new State of Florida Application. If you attend Applicant Orientation and successfully pass, your Supplemental Affidavit for State Trooper packet is submitted and there are no missing or incomplete items. You will be contacted within 2-3 weeks to schedule an appointment for your Polygraph Examination.

If you are not contacted within this time frame; then there is an error or missing information with your packet. Please review pages 2, 28 and 29 to ensure that you are not missing anything. It is your responsibility to complete this packet accurately and completely.

This Supplemental Affidavit for State Trooper packet is part of the screening process and is used to determine your ability to correctly follow written instructions.

If you have any questions, please contact the Background Investigation Section at 850-617-2315.

Additional information about the selection process or the FHP Training Academy may be obtained at www.flhsmv.gov/fhp or

www.BEATrooper.com

APPLICANT INFORMATION SURVEY
Print Clearly

Position Applied for (Circle One): Trooper CVE Trooper Auxiliary

Testing Location (Circle One): MIAMI ORLANDO TALLAHASSEE

Driver License # _____ State: _____ Race: _____ Sex: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

FIRST NAME: _____ MI: _____ LAST NAME: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ Email: _____

IS THIS ADDRESS DIFFERENT FROM YOUR ORIGINAL APPLICATION: YES NO

EDUCATION: Masters ☐
(CHECK ONE) BS/BA DEGREE OR HIGHER ☐
120 HR. OR HIGHER ☐
AS/AA DEGREE ☐
60+ CREDIT HR. ☐
30+ CREDIT HR. ☐
15+ CREDIT HR. ☐
HS DIPLOMA/GED ☐

MILITARY EXPIERENCE: YES NO HONORABLE DISCHARGE: YES NO

ACTIVE FLORIDA LEO STANDARDS: YES NO

CURRENTLY EMPLOYED FLA. LEO: YES NO AGENCY: _____

FORMERLY EMPLOYED FLA. LEO: YES NO AGENCY: _____

ARE YOU WILLING TO RELOCATE ANYWHERE IN THE STATE OF FLORIDA YES NO

HOW DID YOU FIND OUT ABOUT EMPLOYMENT WITH THE FLORIDA HIGHWAY PATROL?
(CIRCLE ONE)

FHP RECRUITER
TROOPER/FHP EMPLOYEE
INTERNET WEBSITE
OTHER LAW ENFORCEMENT AGENCY REFERRAL
COLLEGE/VO-TECH REFERRAL
JOB FAIR
US MILITARY REFERRAL
NO CONTACT, SELF INITIAED
OTHER: _____

Florida Highway Patrol
Height/Weight Verification
Applicant Copy

Applicant Name: _____

Applicant SSN: _____

Circle One: Male Female

Completed by FHP Staff: _____

Weight: _____

Height: _____

Tattoo DQ

Florida Highway Patrol
Height/Weight Verification
FHP Copy

Applicant Name: _____

Applicant SSN: _____

Circle One: Male Female

Completed by FHP Staff: _____

Weight: _____

Height: _____

Tattoo DQ

MALE			FEMALE		
HEIGHT	MINIMUM	MAXIMUM	HEIGHT	MINIMUM	MAXIMUM
5'0"	104	145	5'0"	96	138
5'1"	107	150	5'1"	99	141
5'2"	110	155	5'2"	102	144
5'3"	113	158	5'3"	105	149
5'4"	117	163	5'4"	108	152
5'5"	120	167	5'5"	111	156
5'6"	124	173	5'6"	114	161
5'7"	128	178	5'7"	118	165
5'8"	132	183	5'8"	122	169
5'9"	136	187	5'9"	126	174
5'10"	140	193	5'10"	130	179
5'11"	144	198	5'11"	134	185
6'0"	148	204	6'0"	138	190
6'1"	152	209	6'1"	142	195
6'2"	156	215	6'2"	146	201
6'3"	160	220	6'3"	150	207
6'4"	169	231	6'4"	155	213
6'5"	174	238	6'5"	160	219
6'6"	179	245	6'6"	165	226
6'7"	184	252	6'7"	170	233
6'8"	189	260	6'8"	175	240
6'9"	195	269	6'9"	180	247
6'10"	201	277	6'10"	185	254
6'11"	207	285	6'11"	191	262
7'0"	213	294	7'0"	197	270

MALE			FEMALE		
HEIGHT	MINIMUM	MAXIMUM	HEIGHT	MINIMUM	MAXIMUM
5'0"	104	145	5'0"	96	138
5'1"	107	150	5'1"	99	141
5'2"	110	155	5'2"	102	144
5'3"	113	158	5'3"	105	149
5'4"	117	163	5'4"	108	152
5'5"	120	167	5'5"	111	156
5'6"	124	173	5'6"	114	161
5'7"	128	178	5'7"	118	165
5'8"	132	183	5'8"	122	169
5'9"	136	187	5'9"	126	174
5'10"	140	193	5'10"	130	179
5'11"	144	198	5'11"	134	185
6'0"	148	204	6'0"	138	190
6'1"	152	209	6'1"	142	195
6'2"	156	215	6'2"	146	201
6'3"	160	220	6'3"	150	207
6'4"	169	231	6'4"	155	213
6'5"	174	238	6'5"	160	219
6'6"	179	245	6'6"	165	226
6'7"	184	252	6'7"	170	233
6'8"	189	260	6'8"	175	240
6'9"	195	269	6'9"	180	247
6'10"	201	277	6'10"	185	254
6'11"	207	285	6'11"	191	262
7'0"	213	294	7'0"	197	270

Valencia Community College Criminal Justice Center

INJURY AND DAMAGE RELEASE

Whereas the below named individual, for his/her own benefit, desires to participate in a physical assessment (PAT) of their ability to perform the essential functions of state trooper, administered by the Florida Highway Patrol.

Whereas the individual realizes that participation in such assessment is subject to inherent risk, the individual hereby releases and holds harmless the State of Florida, Board of Regents, Valencia Community College, its agents and employees, co-sponsors and their agents and employees, and fellow candidates, in connections with bodily injury, death or property damage incurred by below named individual in any way related to or arising out of this physical assessment activity, whether such injury or death arises or is alleged to have arisen from negligence of the individual, the State of Florida, Board of Regents, Valencia Community College, its agents or employees, co-sponsors, their agents or employees, or fellow candidates, or the contributory negligence of any of the aforementioned.

Signed this _____ Day of _____, 20_____

Print Name: _____

Signature: _____

AFFIDAVIT

State of _____

County of _____

Before me personally appeared _____ who said that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore. Identification _____

Sworn to and subscribed to me this _____ Day of _____, 20_____

NOTARY PUBLIC

My commission expires

Florida International University

INJURY AND DAMAGE RELEASE

Whereas the below named individuals, for his/her own benefit, desires to participate in the **Florida Highway Patrol Physical Abilities Test (PAT)** at the Florida International University whereas the individual realizes that such PAT is subject to inherent risk, the individual hereby releases and holds harmless the Florida International University, its agents and employees, co-sponsors and their agents and employees, and fellow attendees, in connections with bodily injury, death or property damage incurred by below named individual in any way related to or arising out of the PAT activities, whether such injury or death arises or is alleged to have arisen from negligence of the individual, the Florida International University its agents or employees, co-sponsors, their agents or employees, or fellow attendees, or the contributory negligence of any of the aforementioned.

Signed this _____ Day of _____, 20_____

Print Name: _____

Signature: _____

AFFIDAVIT

State of _____

County of _____

Before me personally appeared _____ who said that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore. Identification _____

Sworn to and subscribed to me this _____ Day of _____, 20_____

NOTARY PUBLIC

My commission expires



State of Florida
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
Supplemental Affidavit for State Trooper
An Equal Opportunity Employer/Affirmative Action Employer
Florida Highway Patrol
2900 Apalachee Parkway Mail Stop 49 Tallahassee, FL 32399-0525



PLEASE PRINT OR TYPE IN BLACK INK

APPLICANT: _____
FIRST NAME MIDDLE LAST (MAIDEN)

MAILING ADDRESS: _____
ADDRESS CITY COUNTY STATE ZIP

RESIDENCE: _____
ADDRESS CITY COUNTY STATE ZIP

HOME TELEPHONE: _____ **WORK TELEPHONE:** _____
AREA CODE NUMBER AREA CODE NUMBER

MOBILE TELEPHONE: _____ **EMAIL:** _____
AREA CODE NUMBER

SOCIAL SECURITY NUMBER: _____ **DATE OF BIRTH:** _____
(MM/DD/YR)

DRIVERS LICENSE NUMBER: _____ **SEX:** MALE ☐ FEMALE ☐
STATE

(PLEASE CHECK ONLY ONE.)

RACE/ETHNICITY: WHITE ☐ BLACK ☐ HISPANIC ☐ OTHER ☐

HEIGHT: _____ **WEIGHT:** _____ **COLOR OF EYES:** _____
FEET/INCHES POUNDS NATURAL

U.S. CITIZEN: YES ☐ NO ☐ **BY BIRTH** YES ☐ NO ☐ **BY NATURALIZATION:** YES ☐ NO ☐

PLACE OF BIRTH: _____
CITY /STATE/ COUNTRY

INSTRUCTIONS FOR COMPLETING THE APPLICATION

Notice: Please read and follow these instructions exactly. **Any unanswered, incomplete, or omitted questions may result in rejection of your application.** This document, when completed, will be used by the Department of Highway Safety and Motor Vehicles as an investigative aid. Retention of this personal data will remain in the files of the Background Investigation Section.

- A. **TYPE OR PRINT** in black ink.
- B. Answer all questions. If one does not apply to you, write N/A by the number.
- C. If the space available is insufficient, please use additional copies of this form (HSMV 91029) to document your response.
- D. Do not misstate or omit any material fact since the information you provide is subject to verification to determine your qualifications for employment.
- E. Answer all questions accurately and completely. Do not make exaggerated, false or misleading statements as they may cause your rejection or dismissal.
- F. Each and every question has a purpose; do not fail to answer each question completely even if you think it is not important.

G. The following additional items **MUST** accompany the application:

- 1. Copy of your high school diploma or high school transcript.
- 2. Official college transcripts ("issued to student" or photocopied transcripts are not acceptable).
- 3. GED diploma (GED test scores are required if obtained outside of the state of Florida)
- 4. Copy of DD214 Form(s) member four (4) copy. (Applies to previous military personnel, submit for all periods of service.)
- 5. Copy of birth certificate (US or US Territories only)
Original certificate of naturalization will be verified and returned, please bring it with you to test site. (If Applicable)
- 6. Copies of all marriage certificates, divorce decrees, or adoption certificates or legal name changes.
- 7. A current photograph. (Uncovered - no hat/no sunglasses, individual photograph)
- 8. Proof of registration with Selective Service Systems (If you have Not Served in the Armed Forces - Males Only)
- 9. All out-of-state driving records if applicable. (Must be original certified copy from the State DMV.)
- 10. Florida State Standards Certification/Test Scores (Florida Certified Police Officer Only)
- 11. Copy of Social Security Card.
- 12. Copy of Driver's License with picture.
- 13. Current/Future Spouse/Roommate Inquiry Waiver Forms

OTHER EMPLOYMENT REQUIREMENTS

- H. You must be a United States citizen. Naturalized citizens must provide a copy of your "Original Certificate of Naturalization"
- I. You must be a least 19 years of age.
- J. **MINIMUM VISION REQUIREMENTS:** You must have minimum correctable vision of 20/30 in each eye, normal color distinguishing capability and 140 degrees field of vision.
- K. If you are hired, you must complete a period of training and serve in probationary status for twelve months (Section 321.04(2), Florida Statutes).
- L. You must be willing to accept a duty assignment any place in the State of Florida.
- M. A thorough background investigation, including information as to your character, general reputation, personal characteristics and lifestyle will be part of the screening process. This information is solely for the purpose of evaluating your qualifications for employment with the Department of Highway Safety and Motor Vehicles and shall remain the property of the Department. Any willful falsification or misrepresentation of information on this affidavit will be reason for disqualification. By submitting this **Affidavit**, you are authorizing this Department to contact any and all available sources for the purpose of obtaining information as to your qualifications for employment as a Florida Highway Patrol Officer.
- N. You must possess a valid driver license.
- O. Your weight must be in compliance with Florida Highway Patrol Policy. (See weight chart, page 28)

HAVE YOU READ AND DO YOU UNDERSTAND ALL OF THE ABOVE? YES ☐ NO ☐

Signature

Date

1. _____
Last Name First Middle Maiden

2. Social Security Number _____

3. List all other names you have used, including circumstances and dates under which the names were used. Provide documentation of name changes.

a) Name _____ Reason _____

b) Name _____ Reason _____

c) Name _____ Reason _____

4. Have you ever worked for the Florida Highway Patrol as a State Trooper? Yes ☐ No ☐

If yes, explain: _____

5a. Have you previously applied for a position as a Florida Highway Patrol Trooper? Yes ☐ No ☐ Date: _____

If yes, explain: _____

5b. Have you previously applied for a position as a Florida Highway Patrol Duty Officer? Yes ☐ No ☐ Date: _____

If yes, explain: _____

5c. Have you previously applied for a position as a Florida Highway Patrol Auxiliary Trooper? Yes ☐ No ☐ Date: _____

If yes, explain: _____

5d. Have you ever been denied employment with the Florida Highway Patrol? Yes ☐ No ☐ Date: _____

If yes, explain: _____

6. Do you have any visible tattoos, if you wear shorts or a short sleeve shirt? Yes ☐ No ☐ If yes, explain: _____

7. MARITAL STATUS: (check one) Single ☐ Married ☐

(Submit copies of all marriage certificates or divorce decrees.)

8. Name of Current Spouse: _____
Last First Middle Maiden

9. Name of Previous Spouse: _____
Last First Middle Maiden

10. Previous Spouse Address: _____
Number and Street City State Zip Code

Name of Previous Spouse: _____
Last First Middle Maiden

Previous Spouse Address: _____
Number and Street City State Zip Code

Education

11. List all high schools attended. Attach copy of high school diploma/GED to back of application. Copies of high school transcripts are acceptable. (If applicable, copy of GED test scores are required if GED was issued outside of the State of Florida.)

SCHOOL	ADDRESS CITY STATE ZIP	Dates Attended From / To	Diploma/G ED	Graduated Yes / No

12. HIGHER EDUCATION: List all colleges and universities attended. (Attach official transcripts from all institutions of higher education to back of application. Transcripts issued to student in sealed/stamped or postmarked envelopes are acceptable.)

COLLEGE/UNIVERSITY	ADDRESS CITY STATE ZIP	Credit Hours Sem/Qrt	Dates Attended From / To	Graduated Yes/No	Degree Earned BA/AA

13. Have you ever been expelled/suspended for cheating/fighting/or any criminal act or misconduct in high school or college.
(Including Trade, Vocational or Business schools) Yes ☐ No ☐ If Yes, Explain: _____

Military and Selective Service Information

14. If you are male (and have never served in the United States Armed Forces) have you registered with Selective Service?

Yes ☐ No ☐

If Yes, Registration Number: _____

Copy of Selective Service Registration Attached Yes ☐ No ☐

Are you currently on active duty in the U.S. Military? Yes ☐ No ☐ If YES, when will you be released?

15. Have you ever served in a military organization of the United States? Yes ☐ No ☐

{If YES, attach a copy of your DD 214 Form(s) member four (4) copy for each period of service.}

BRANCH OF SERVICE _____ Service Number _____

If currently still enlisted, please attach a letter from your Company Commander stating your Estimated Time of Separation date and type of Discharge expected. Once your DD 214 has been received, forward only your member 4 copy.

16. Give dates of all periods of active military service

17. Type of Discharge? Honorable ☐ Medical ☐ General ☐ Dishonorable ☐
 Under Honorable Conditions ☐ Less Than Under Honorable Conditions ☐

18. If other than "Honorable Discharge," explain circumstances surrounding separation. _____

19. Were you ever court marshaled, tried on charges, or the subject of a summary court, deck court, captain's mast, company punishment, Article 15 UCMJ, or any other disciplinary action while a member of the armed forces? Yes ☐ No ☐

If Yes, explain and attach copies of written documentation to back of application:

If documentation is not available, an original letter from the official agency records office must be provided stating that a record search was performed and no record(s) found. Attach additional sheets if necessary.

Employment History

Employment History Questions:

20. Have you been discharged from any employment for reasons OTHER THAN MEDICAL? Yes ☐ No ☐

21. Have you ever resigned when anticipating your employer intended to discharge (fire) you for any reason? Yes ☐ No ☐

22. Have you ever resigned when anticipating your employer intended to take any form of disciplinary action against you? Yes ☐ No ☐

23. Have you had any extended absences from work for reasons other than medical or approved vacations? Yes ☐ No ☐

Note: If you answered "Yes" to any of questions 20 through 23, explain in full detail in the space below. If additional space is needed, use additional sheet.

Employment History

24. List all work experience starting with most recent job, **include ALL part-time and summer jobs since the age of 18 years old.** Include military service in proper sequence. **Do not omit any period of employment.** (Use additional sheets of this form, if necessary.)

EMPLOYER: _____ PHONE NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SUPERVISOR: _____ Full Time: ☐ Part Time: ☐ Hours Per Week: _____

POSITION HELD _____ SALARY/MONTH: _____

IS THIS EMPLOYER STILL IN BUSINESS? YES ☐ NO ☐ IF NO, EXPLAIN. _____

DATES From _____ / _____ / _____ To _____ / _____ / _____
Month Day Year Month Day Year

DUTIES: _____

Reason for Leaving: _____

EMPLOYER: _____ PHONE NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SUPERVISOR: _____ Full Time: ☐ Part Time: ☐ Hours Per Week: _____

POSITION HELD _____ SALARY/MONTH: _____

IS THIS EMPLOYER STILL IN BUSINESS? YES ☐ NO ☐ IF NO, EXPLAIN. _____

DATES From _____ / _____ / _____ To _____ / _____ / _____
Month Day Year Month Day Year

DUTIES: _____

Reason for Leaving: _____

EMPLOYER: _____ PHONE NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SUPERVISOR: _____ Full Time: ☐ Part Time: ☐ Hours Per Week: _____

POSITION HELD _____ SALARY/MONTH: _____

IS THIS EMPLOYER STILL IN BUSINESS? YES ☐ NO ☐ IF NO, EXPLAIN. _____

DATES From _____ / _____ / _____ To _____ / _____ / _____
Month Day Year Month Day Year

DUTIES: _____

Reason for Leaving: _____

Employment History

EMPLOYER: _____ PHONE NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SUPERVISOR: _____ Full Time: ☐ Part Time: ☐ Hours Per Week: _____

POSITION HELD _____ SALARY/MONTH: _____

IS THIS EMPLOYER STILL IN BUSINESS? YES ☐ NO ☐ IF NO, EXPLAIN. _____

DATES From _____ / _____ / _____ To _____ / _____ / _____
Month Day Year Month Day Year

DUTIES: _____

Reason for Leaving: _____

EMPLOYER: _____ PHONE NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SUPERVISOR: _____ Full Time: ☐ Part Time: ☐ Hours Per Week: _____

POSITION HELD _____ SALARY/MONTH: _____

IS THIS EMPLOYER STILL IN BUSINESS? YES ☐ NO ☐ IF NO, EXPLAIN. _____

DATES From _____ / _____ / _____ To _____ / _____ / _____
Month Day Year Month Day Year

DUTIES: _____

Reason for Leaving: _____

EMPLOYER: _____ PHONE NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SUPERVISOR: _____ Full Time: ☐ Part Time: ☐ Hours Per Week: _____

POSITION HELD _____ SALARY/MONTH: _____

IS THIS EMPLOYER STILL IN BUSINESS? YES ☐ NO ☐ IF NO, EXPLAIN. _____

DATES From _____ / _____ / _____ To _____ / _____ / _____
Month Day Year Month Day Year

DUTIES: _____

Reason for Leaving: _____

Law Enforcement Information

25. Have you ever submitted an application to any other Law Enforcement Agency? Yes ☐ No ☐
(This includes City/County/State/Federal agencies) If yes, list (use additional sheet if necessary):

[illegible]

26. Have you ever taken a polygraph examination, voice stress analysis test or psychological screening with any other Law Enforcement Agency or Governmental Agency? Yes ☐ No ☐

[illegible]

27. Have you had any Law Enforcement Training? Yes ☐ No ☐ If yes, list: place and dates: _____

28. Are you currently certified in the State of Florida as a Law Enforcement Officer? Yes ☐ No ☐

29. Are you currently certified in the State of Florida as a Correctional Officer? Yes ☐ No ☐

30. Have you ever received any disciplinary action as a Law Enforcement Officer/Correctional Officer? Yes ☐ No ☐
(If yes, explain and attach copies of written documentation.)

[illegible]

General Information

31. Do you possess a valid driver license? Yes ☐ No ☐

If YES, what State? _____ Driver License Number _____

32. List ALL states in which you previously have been licensed to drive.
(Attach certified copies of all out of state driving records to back of application)

STATE	DATES OF POSSESSION	CERTIFIED COPY OF RECORD	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		YES <input type="checkbox"/>	NO <input type="checkbox"/>

33. List ALL traffic citations, *excluding* parking tickets; you have received in your lifetime. (Use additional sheet, if necessary.)

REASON	LOCATION/CITY/STATE	DATE (MONTH/YEAR)

34. Have you ever been **charged** with **DUI, DWI or Driving with and Unlawful Blood Alcohol**? Yes ☐ No ☐
 Have you ever been **charged** with **OUI, OWI or Boating Under the Influence of Alcohol**? Yes ☐ No ☐
 Have you ever been **charged** with **Reckless Driving or Fleeing and Eluding a Police Officer**? Yes ☐ No ☐

35. Has your driving privilege ever been?

Canceled? Yes ☐ No ☐ Suspended? Yes ☐ No ☐ Revoked? Yes ☐ No ☐

If YES, explain fully: _____

General Information

36. Excluding traffic citations, have you ever been arrested, taken into custody, detained for investigation or charged with a crime by any Police Agency or State/Federal Attorney's Office (include expungements, indictments, criminal summons, criminal information, sealed records, injunctions, pre-trial divergence, pardons, nolle process, etc.) as an adult *or* juvenile?

Yes

☐

No

☐

If YES, explain: _____

37. List ALL arrests: (Attach copies of Arrest Reports, Officer Incident Reports from the arresting or investigating agency for each incident. Attach copies of the Final Court Disposition for each arrest from the court that had jurisdiction over each incident. Legible copies are acceptable. If documentation is not available, an original letter from the official agency records office must be provided stating that a records search was performed and no record(s) found for each incident. Attach additional sheets if necessary.)

DATE	PLACE CITY/STATE	AGENCY	CHARGE	FINAL DEPOSITION	ARREST REPORT ATTACHED	COURT REPORT ATTACHED
					YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
					YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
					YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
					YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

38. Have you ever used/experimented/possessed/injected/inhaled/swallowed/ingested any illegal drug? Yes ☐ No ☐

This includes prescription drugs not prescribed to you for your use, anabolic steroids, including Designer Type Drugs.

If YES, (for each drug) give the type of drug, number of times used, and dates of use.

DRUG TYPE (BE SPECIFIC)	NUMBER OF TIMES USED (GIVE A NUMERIC REPONSE)	DATES USED (MM/YR)

39. Have you ever sold/given/exchanged any goods or services for any illegal drug? Yes ☐ No ☐ If YES, explain:

Have you ever been present while an illegal drug was sold/given/exchanged/transported Yes ☐ No ☐ If YES, explain:

DRUG TYPE (BE SPECIFIC)	NUMBER OF TIMES USED (GIVE A NUMERIC REPONSE)	DATES (MM/YR)

40. Are you now or have you ever been a member of, or supported the views or beliefs of any foreign or domestic organization, association, movement, group, which is totalitarian, fascist, communist, or subversive, including street gangs, sovereign citizens groups or other organized crime groups which has adopted, or shows a policy of advocating or approving the commission of criminal activity or acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of Government of the United States by unconstitutional means?

Yes ☐ No ☐ If YES, explain _____

Do you, or have you ever host/maintain/support/finance/contribute/participate, to a website/blog/web board/chat room/online-business or other area on the World Wide Web? Yes ☐ No ☐ If YES, explain and provide website or IP address: _____

Character References

41. List four character references that have definite knowledge of your qualifications and fitness for the position for which you are applying and who are able to speak confidently about you and your reputation. All persons you list may be asked to appraise your character, ability, personality, and other qualities. **Do not include relatives, former employers, former supervisors, or individuals residing outside the United States.**

Name _____ Home Phone (____) _____

Home Address _____
Street City State Zip Code

Business, Occupation, or Profession: _____

Years Known _____ Name of Business _____

Business Address: _____ Business Phone (____) _____

Name _____ Home Phone (____) _____

Home Address _____
Street City State Zip Code

Business, Occupation, or Profession: _____

Years Known _____ Name of Business _____

Business Address: _____ Business Phone (____) _____

Name _____ Home Phone (____) _____

Home Address _____
Street City State Zip Code

Business, Occupation, or Profession: _____

Years Known _____ Name of Business _____

Business Address: _____ Business Phone (____) _____

Name _____ Home Phone (____) _____

Home Address _____
Street City State Zip Code

Business, Occupation, or Profession: _____

Years Known _____ Name of Business _____

Business Address: _____ Business Phone (____) _____

Credit History

42. Has your credit record (including spouse) ever been considered unsatisfactory, or have you ever been refused credit?

Yes ☐ No ☐

If YES, give dates, places, names of creditors and circumstances: _____

43. Have you ever filed for bankruptcy? Yes ☐ No ☐ If YES, give details, including date and court in which filed? Please attach a copy of bankruptcy papers including a copy of the Schedule F. (Chapter 7, 11 or 13)

44. Have you ever been the subject of a court ordered Judgment or Lien? Yes ☐ No ☐ If YES, Explain: _____

45. List all debts that are or currently more than 60 days past due or subject to collection. (Use additional sheets if necessary)

NAME OF CREDITOR: _____ ACCOUNT #: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____

NUMBER OF PAYMENTS PAST DUE: _____ AMOUNT DUE: _____ LAST PAYMENT DATE: _____

NAME OF CREDITOR: _____ ACCOUNT #: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____

NUMBER OF PAYMENTS PAST DUE: _____ AMOUNT DUE: _____ LAST PAYMENT DATE: _____

NAME OF CREDITOR: _____ ACCOUNT #: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____

NUMBER OF PAYMENTS PAST DUE: _____ AMOUNT DUE: _____ LAST PAYMENT DATE: _____

46. Are you currently paying child support? Yes ☐ No ☐

Are you currently paying alimony? Yes ☐ No ☐

47. If you are paying child support or alimony have you ever been delinquent in your payments. Yes ☐ No ☐ N/A ☐

48. If you answered Yes to Question #47, Explain: _____

49. Have you ever sued any person/business/entity/employer or been sued? Yes ☐ No ☐

If you answered Yes to Question #49, Explain: _____

Residence History

50. Chronologically list **ALL** previous places of residence since age 13. (Begin with present address and work backward.)

FROM MM/YR	TO MM/YR	ADDRESS	APT#	CITY	STATE	ZIP

Use Additional Sheets if Necessary

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

51. **To All Applicants:** The following information is requested to aid the Florida Highway Patrol in its commitment to Equal Employment Opportunity. Your application will not be rejected because of your race, color, sex, religion, creed, handicap, national origin, political beliefs, or age, except as provided by law.

_____-_____-_____ **Date of Birth:** _____ **Sex:** Male ☐ Female ☐
Social Security Number

Racial/Ethnic Data

Please identify yourself in terms of the racial / ethnic groups listed below. **(Check only one)**

- ☐ **AFRICAN-AMERICAN** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- ☐ **AMERICAN INDIAN OR ALASKAN NATIVE:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ☐ **ASIAN OR PACIFIC ISLANDER:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example: China, Japan, Korea, the Philippine Islands, and Samoa.
- ☐ **HISPANIC:** All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.
- ☐ **WHITE** (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ **OTHER** (specify): _____

PLEASE READ CAREFULLY

I hereby swear that there are no willful misrepresentations or omissions in or falsifications of the foregoing statements and answers to questions. I am aware that should an investigation disclose such willful misrepresentations, falsifications or omissions, my application will be rejected and I will be disqualified from applying in the future for any position of service in the Florida Highway Patrol or if after my acceptance for employment, subsequent investigation should disclose omissions, misrepresentations, or falsifications, it will be just cause for immediate dismissal. Furthermore, the intentional false execution of this affidavit shall constitute a Misdemeanor of the Second Degree, punishable as provided in § 775.082, § 775.083, or § 775.084.

Signature _____ Date _____

Sworn to and subscribed before me on this _____ day of _____, 20 _____

_____ My Commission expires _____ 20 _____

Notary Public

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

ATTACH RECENT

UNCOVERED

(NO HAT, NO SUNGLASSES)

INDIVIDUAL PHOTOGRAPH

HERE

Date of Photograph



FLORIDA HIGHWAY PATROL BACKGROUND INVESTIGATION AGREEMENT

If at any time during the application or selection process the applicant is arrested, taken into custody, detained for investigation or charged with a crime by any Police Agency or State/Federal Attorney's Office or declares bankruptcy, or becomes the defendant in a civil suit, changes employers, relocates or information on this supplemental affidavit changes, the applicant must immediately notify the Background Investigation Section or the trooper conducting the applicant's background investigation.

FAILURE TO DO SO WILL RESULT IN IMMEDIATE DISQUALIFICATION.

The applicant is responsible for providing complete information and any or all reports, records or other documentation related to any factor discovered that requires further review or evaluation. The application will be temporarily suspended until all requested information is received.

HAVE YOU READ AND DO YOU UNDERSTAND THIS AGREEMENT? YES ☐ NO ☐

SIGNATURE OF APPLICANT

DATE

SOCIAL SECURITY NUMBER

FLORIDA HIGHWAY PATROL

PERSONAL INQUIRY WAIVER

AUTHORITY FOR RELEASE OF INFORMATION

TO: Concerned Person or Authorized
Representative of Any Organization
Institution or Repository of Records

APPLICANT'S NAME _____

DATE OF BIRTH _____

SOCIAL SECURITY NO. _____

I respectfully request and authorize you to furnish the Florida Highway Patrol any and all information that you may have concerning my work record, school record, reputation, financial, and/or credit status. Please include any and all medical, physical, and mental records or reports including, hospitals, clinics, private practitioners and the US Veterans Administration, employment and pre-employment records, including background reports, polygraph reports and charts, efficiency ratings complaints or grievances filed by or against me, all information of a confidential or privileged nature and copies of same if requested. This information is to be used to assist the Highway Patrol in determining my qualifications and fitness for the position I am seeking with the Florida Highway Patrol.

I have been advised and am fully aware that I will be requested to submit to a FHP polygraph examination. The purpose of the examination is to assist in verifying all information furnished in this application and obtained during applicant investigation. **The examination will cover past employment, drinking habits, drug habits, criminal activity and basic honesty.** I am fully aware that my refusal to submit to the polygraph examination will terminate further consideration for employment.

I am willing to take the polygraph examination. Yes ☐ No ☐

I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information, requested above.

Applicant's Signature

Date

Address

City

State

Zip Code

AFFIDAVIT

STATE OF _____

COUNTY OF _____

Before me personally appeared the said _____ who says that the execution of the above instrument is by free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed in my presence this _____ day of _____, 20 _____

My Commission expires: _____ 20 _____

Notary Public

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

FLORIDA HIGHWAY PATROL

Current/Future Spouse/Roommate Inquiry Waiver

AUTHORITY FOR RELEASE OF INFORMATION

TO: Concerned Person or Authorized
Representative of Any Organization
Institution or Repository of Records

FHP APPLICANT'S NAME: _____
DATE OF BIRTH: _____

Current Spouse/Future Spouse/Roommate Information:

PRINT FULL NAME of Current Spouse/Future Spouse/Roommate: _____
ALIAS / MAIDEN NAME(S): _____
DATE OF BIRTH: _____
RACE/SEX: _____
ADDRESS: _____
SOCIAL SECURITY #: _____

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my criminal history or civil and criminal courts. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information, requested above.

Applicant's Current Spouse/Future Spouse/Roommate Signature _____

Date _____

AFFIDAVIT

STATE OF _____ COUNTY OF _____

Before me personally appeared the said _____ who says that the execution of the above instrument is by free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed in my presence this _____ day of _____, 20 _____

My Commission expires: _____ 20 _____

Notary Public Signature: _____

Personally Known _____ OR Produced Identification _____ (Seal/Stamp)

Type of Identification Produced: _____

**AGREEMENT FOR TRAINING COST REIMBURSEMENT
FOR FLORIDA HIGHWAY PATROL RECRUITS**

Date of Agreement: _____

Recruit Name: _____

Recruit Address: _____

Recruit Social Security Number: _____

I understand and agree that, in consideration of my employment with the Florida Highway Patrol and pursuant to the provisions of s. 943.16, Fla. Stat. (see Attachment A), I will reimburse the Florida Highway Patrol for all costs and expenses related to my initial training and uniforms required to become a trooper subject to the following terms and conditions:

1. I agree to serve as a trooper with the Florida Highway Patrol for a period of not less than twenty-four (24) months after the completion of my initial training at the Florida Highway Patrol Training Academy or after my employment date if I am already a Florida certified trooper (referred to herein as "employment obligation period").
2. I agree that if I should voluntarily leave employment with the Florida Highway Patrol at any time prior to the expiration of my employment obligation period, I will repay 100% of the tuition and other course expenses incurred by the Florida Highway Patrol. (See Attachment A for the itemized tuition and other course expenses.)
3. I agree that my resignation prior to the expiration of my employment obligation period, for whatever reason, shall be prima facie evidence that I left employment with the Florida Highway Patrol voluntarily.
4. I understand and agree that this agreement does not constitute an employment contract and that the Florida Highway Patrol reserves the right, as my employer, to reassign, discipline or to terminate me in accordance with law and the policies of the Florida Highway Patrol and the Florida Department of Highway Safety and Motor Vehicles.
5. I also understand that this agreement does not grant me any special rights or benefits from the Florida Highway Patrol and does not require the Florida Highway Patrol to offer me a position as a trooper.
6. I understand that if I complete the Florida Highway Patrol Training Academy or, as a presently certified law enforcement officer, become a member of the Florida Highway Patrol, this agreement does not alter or affect any other terms or conditions of my employment with the Florida Highway Patrol.
7. I agree to repay all outstanding expenses for which I am responsible under this Agreement and s. 943.16, Fla. Stat. to the Florida Highway Patrol at the time of my resignation.

8. If I am unable to repay the entire amount due within sixty (60) days of the date of my resignation, I understand that the Florida Highway Patrol may institute a civil action to collect the amount due. I agree that this document may be used as evidence of my obligation to reimburse the Florida Highway Patrol for all outstanding expenses pursuant to Florida law.

9. I agree that if judgment is entered against me as a result of such civil action, I will pay all costs and expenses incurred by the State of Florida or the Florida Highway Patrol including attorney fees.

10. I agree that venue for any civil action necessary to enforce this Agreement and judgment will be in Leon County, Florida.

IN WITNESS WHEREOF I have signed this agreement on date printed below my signature.

(Applicant's Signature)

(Witness Signature)

(Applicant's Printed Name)

Witnessed by: _____

(Witness Printed Name)

(date)

(date)

STATE OF _____
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by

(Notary Seal)

(Signature of Notary Public)

(Name of Notary Typed, Printed, or Stamped)

Personal Known ☐ OR Produced Identification ☐

Type of Identification Produced: _____

ATTACHMENT A

ITEMIZED COST OF TRAINING AND EXPENSE FOR TROOPER

Listed below are the costs of tuition, travel and field training costs if these costs apply. Only costs incurred by the Florida Highway Patrol will be required to be reimbursed pursuant to s. 943.16, Fla. Stat. (Below costs are maximum.)

Tuition to Academy:	\$0.00
Room and Board:	\$7,528
<u>Other Training Costs*:</u>	<u>\$3,381</u>
TOTAL:	\$10,909

*Includes equipment, supplies and other items issued during training such as uniforms and ammunition.

I have read and understand the above listed costs for my training and agree to the total listed.

IN WITNESS WHEREOF I have signed this Agreement on the date printed below my signature.

(Applicant's Signature)

(Witness Signature)

(Applicant's Printed Name)

Witnessed by: _____

(Witness Printed Name)

(date)

(date)

FLORIDA HIGHWAY PATROL

AGREEMENT

DUTY ASSIGNMENT

By submission of my application for employment as a law enforcement officer with the Florida Highway Patrol, I fully understand that if employed, I must be willing to accept a duty assignment any place in the State. Duty assignments are made based on existing vacancies at the time assignments are made.

If employed by the Florida Highway Patrol, I fully understand and agree that I must remain in my initial duty assignment for one full year before becoming eligible to request a reassignment to another location in the State. Certain assignment locations may not always be available because of low turnover rates or lack of total positions available. I understand that transfers are granted based upon seniority and that I may have to wait to receive a transfer to certain locations.

I fully understand and agree to abide by the above provisions as they relate to assignment with the Florida Highway Patrol and reassignment after employment.

Applicant Signature

Date

FLORIDA HIGHWAY PATROL

AGREEMENT

To Allow for the Contact of My Current Employer

By submission of my application for employment as a Law Enforcement Officer with the Florida Highway Patrol, I fully understand the necessity of having a thorough background investigation conducted on my person.

I respectfully request and authorize you to conduct a complete check into information concerning my work records, school records, reputation, financial, and credit status.

Upon successful completion of all required phases, to include the polygraph, background check, eye and physical examinations and psychological screening, I hereby give permission to the Florida Highway Patrol to contact my current employer for the purpose of determining my suitability to become a trooper.

I hereby release you, your organizations or others from any liability or damage, which may result when the Florida Highway Patrol contacts my current employer.

Applicant Signature

Date

FLORIDA HIGHWAY PATROL

NOTICE OF DISCLOSURE OF CONSUMER REPORT FEDERAL FAIR CREDIT REPORTING ACT (FCRA)

TO: CONSUMER REPORTING AGENCIES

NAME _____

DATE OF BIRTH _____

SOCIAL SECURITY NO _____

It is the policy of the Florida Highway Patrol to review the credit history and financial condition of the applicant. The credit history will not be a sole basis for disqualification, except that an applicant may be denied employment if he/she is indebted to the extent that a salary as a law enforcement officer, as supplemented by other moines that are or could be earned by the applicant and spouse with reasonable diligence, will manifestly be insufficient to pay his/her debts as they fall due. Failure to pay just debts will disqualify an applicant.

I have been advised and am fully aware that a consumer report will be obtained and examined. The purpose of this examination is to assist the Florida Highway Patrol in determining my eligibility for the position I am seeking with the Florida Highway Patrol.

I am fully aware that my refusal to allow a consumer report to be obtained and examined will terminate further consideration for employment.

I am willing to allow a consumer report to be obtained and examined. Yes ☐ No ☐

I respectfully request and authorize you to furnish the Florida Highway Patrol any and all information that you may have concerning my financial and credit status. I hereby release you, your organization or others from liability or damage, which may result from furnishing the information, requested above.

Applicant's Signature

Date

Address

City

State

Zip Code

AFFIDAVIT

STATE OF _____

COUNTY OF _____

Before me personally appeared the said _____ who says that the execution of the above instrument is by free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed in my presence this _____ day of _____, 20 _____

My Commission expires: _____ 20 _____

Notary Public

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

FLORIDA HIGHWAY PATROL

WAIVER OF LIABILITY



I (print name) _____ attest that I am in good physical condition. I understand that as an applicant to the Florida Highway Patrol, I will submit to a physical assessment of my ability to perform the essential functions of a law enforcement officer. I understand and acknowledge this involves strenuous and exhaustive physical activities. I received a description of the activities I am requested to perform in advance of these activities.

I understand that employment is based upon successful completion of the following: written examination, physical abilities test, background investigation, polygraph examination, physical examination, vision examination, psychological screening and drug screening. I understand that the Florida Highway Patrol will continue to consider me for employment as long as I pass the aforementioned examinations. **THIS IS NOT A GUARANTEED JOB OFFER.**

I hereby release the State of Florida, the Department of Highway Safety & Motor Vehicles, the Division of Florida Highway Patrol, its employees, agents, representatives and assignees from liability for any injury I may sustain while involved in, or as a result of the physical abilities test (PAT).

Signature of Applicant

Date

AFFIDAVIT

STATE OF _____

COUNTY OF _____

Before me personally appeared the said _____ who says that the execution of the above instrument is by free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed in my presence the _____ day of _____, 20 _____

My Commission expires: _____ 20 _____

Notary Public

Type of Identification Produced _____

**FLORIDA HIGHWAY PATROL
TATTOO and BODY MODIFICATION POLICY AGREEMENT**

A Florida Highway Patrol recruit trainee, attending an approved basic recruit training program, who has visible tattoos, does so with the understanding that the member must abide by the following restrictions regarding the type of uniform the member will be required to wear in the performance of their duties and functions.

- A. Under NO circumstances shall any tattoo be visible while the member is in any uniform of the Florida Highway Patrol. Members are permitted to have tattoos provided they conform to the following guidelines:
1. A member with a tattoo anywhere on the arm or wrist area that is visible while wearing any short-sleeve uniform shall be required to wear the Class A uniform (or Class C uniform with long sleeves, when authorized, by virtue of their assigned position) anytime a uniform is required.
 2. A member with a tattoo on the neck, face, head, hands, fingers or chest area shall utilize cosmetic cover-up makeup to conceal the tattoo(s) while the member is in any authorized uniform or attire. The cosmetic cover-up makeup shall blend in with the natural color of the skin and shall be purchased at the member's expense.
 - (a) Trooper applicants with any tattoo on the neck, face, head, hands, or fingers shall be disqualified.
 - (b) This section does not apply to members who have permanent eyeliner, eyebrows or lipstick as long as the permanent color is conservative and complements the complexion and uniform.
 3. Any tattoo that contains offensive or extremist, sexist, racist, or gang-related material is prohibited. This is a disqualification factor for Trooper applicants.
 4. While at the FHP Training Academy, the recruits with tattoos that are visible in the Recruit Class B uniform shall be required to wear the Recruit Class A uniform. Those same recruits shall not be issued Class B uniforms and shall be required to wear the Class A uniform (or Class C uniform with long sleeves, when authorized).

Members who choose to obtain tattoos after their hiring date must ensure that they conform to this policy. Any member with a prohibited tattoo shall be subject to disciplinary action, up to and including dismissal.

- B. Abnormal body modifications to any area of the body visible in any authorized uniform or attire are prohibited. Abnormal body modifications include, but are not limited to:

1. Tongue splitting or bifurcation.
2. The complete or trans-dermal implantation of any object(s) other than hair replacement.
3. Abnormal shaping of the ears, eyes, or nose.
4. Abnormal filing of the teeth.
5. Branding or scarification.

Nothing in this policy is to be construed as prohibiting body modifications necessitated by any medical or approved procedure.

I fully understand the consequences of this agreement and have had the opportunity to ask questions about it. This form will become part of my personnel file.

Print Name of Applicant

Signature of Applicant

AFFIDAVIT

STATE OF _____ COUNTY OF _____

Before me personally appeared the said _____, who says that the execution of the above instrument is by free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed in my presence the _____ day of _____, 20_____

Notary Signature

My Commission expires: _____ 20_____

Type of Identification Produced _____

Notary Public Seal

THIS FORM IS TO BE COMPLETED AND DOCTOR'S APPROVAL MUST APPEAR ON THIS FORM, IN ORDER TO PARTICIPATE IN THE PAT TEST.

27

**FLORIDA HIGHWAY PATROL STATE TROOPER
SUPPLEMENTAL APPLICATION CHECKLIST**

NAME: _____ SOCIAL SECURITY #: _____

PAGE 1 complete: Personal information complete/accurate, proper boxes checked.

PAGE 2 complete: #1 and #2 answered "yes," or "no." Signed and dated

PAGE 3 complete: #3, #4, #5 (a, b, c, d), #6, #7, #8, #9, and #10

PAGE 4 complete: #11, #12, and #13

Legible copy of high school diploma OR high school transcripts

Legible copy of State of Florida GED, if applicable

Legible copy of out-of-state GED test scores/transcript, if applicable

PAGE 5 complete: #14, #15, #16, #17, #18, and #19.

Provide copies of all Military DD214 Member 4 copy (long form), for each period of active service.

Provide a letter from Company Commander stating "Estimated Time to Separation" date and type of discharge anticipate, and character of service, if you are currently enlisted. Forward DD214 Member 4 as soon as you receive it.

Legible copy of ALL disciplinary actions received while in the military. Provide an original letter from the official military records office stating that a records search was conducted and no records were found, if documentation is not available. (May be obtained at www.nara.gov)

PAGE 6 complete: #20, #21, #22, and #23

PAGE 7 complete: #24. List most recent job first and work backwards to first job.

PAGE 8 complete: #24. Use additional sheets if necessary, do not omit any period of employment.

PAGE 9 complete: #25, #26, #27, #28, #29, and #30. "Yes" or "No" boxes checked information complete

PAGE 10 complete: #31. "Yes" or "No" boxes checked information complete

32, Information complete and accurate. Certified copies of all out of state driving records. Records must be issued from state DMV. Provide an original letter from the state DMV records office stating that a records search was conducted and no records were found, if documentation is not available.

#33, Information complete and accurate

#34, "Yes" or "No" boxes checked information complete

#35, "Yes" or "No" boxes checked information complete

PAGE 11 complete: #36, "Yes" or "No" boxes checked information complete

#37, "Yes" or "No" boxes checked information complete

Provide legible copies of Arrest Reports, Officer Incident Reports and Final Court Dispositions for each arrest, including expunged and sealed records. Provide an original letter from the official agency records office stating that a records search was conducted and no records were found, if documentation is not available.

#38, "Yes" or "No" boxes checked information complete

#39, "Yes" or "No" boxes checked information complete

#40, "Yes" or "No" boxes checked information complete

PAGE 12 complete: # 41, information complete and accurate

PAGE 13 complete: #42, "Yes" or "No" boxes checked; information complete and accurate

#43, "Yes" or "No" boxes checked information complete and accurate

#44, "Yes" or "No" boxes checked information complete and accurate

#45, Information complete and accurate

#46, "Yes" or "No" boxes checked information complete and accurate

#47, "Yes" or "No" boxes checked information complete and accurate

#48, Information complete and accurate

#49, "Yes" or "No" boxes checked information complete and accurate

PAGE 14 complete: #50 Information complete and accurate

#51, Information complete and accurate

PAGE 15 complete: Information complete and accurate

Photograph attached

Signed and Notarized, with seal or stamp

PAGE 16 complete: Information complete and accurate

"Yes" or "No" boxes checked.

Signed

PAGE 17 complete: Information complete and accurate

"Yes" or "No" boxes checked.

Signed and notarized, with seal or stamp

PAGE 18 complete: Information complete and accurate. (Separate form for all adults residing with applicant)

Signed and notarized, with seal or stamp

PAGE 19 complete: Information complete and accurate

PAGE 20 complete: Information complete and accurate

Signed and notarized, with seal or stamp

PAGE 21 complete: Information complete and accurate

Signed and witnessed by another adult.

PAGE 22 complete: Information complete and accurate

Signed and dated

PAGE 23 complete: Information complete and accurate

Signed and dated

PAGE 24 complete: Information complete and accurate

Signed and notarized, with seal or stamp

PAGE 25 complete: Information complete and accurate

Signed and notarized, with seal or stamp

PAGE 26 complete: Information complete and accurate

Signed and notarized, with seal or stamp

PAGE 27 complete: Information complete and accurate

Signed and dated by examining physician

Provide legible copy of Birth Certificate – issued by State or County vital statistic office. Certificates issued by hospitals are NOT ACCEPTABLE.

Bring ORIGINAL CERTIFICATE OF NATURALIZATION to the testing site, if you were born outside of the United States or its territories. We will verify the information and return the certificate to you the same day.

Provide written PROOF OF REGISTRATION WITH THE SELECTIVE SERVICE SYSTEM; if you are a male and has not served in the US Armed Forces. U.S. military veterans who provided a DD214 are not required to furnish proof. (may be obtained at www.SSS.gov)

Legible copy of your Social Security card

Legible copy of you current Driver's License with your photograph

Official copies of

Legal Adoption, if applicable

Legal Name Change, if applicable

Marriage Certificate/Divorce Decree, if applicable

ATTENTION
STATE TROOPER APPLICANTS

- Please bring your completed Supplemental Affidavit for State Trooper and all accompanying documentation with you to the testing site.
- Complete all notarizations of signatures and photocopying of documents before the test date. Review and complete the Supplemental Application Checklist.
- **Make a photocopy of your completed Supplemental Affidavit for State Trooper and supporting documents and bring with you to the testing site.**
- You may mail official college transcripts and other required documents obtained after the test date to:

**Florida Highway Patrol
Background Investigations Section
2900 Apalachee Parkway, MS-49
Tallahassee, FL 32399**

- All document mailed to the Background Investigations Section must have the applicants name and social security number on them.
- Applicants who fail to attend their scheduled pre-employment test date are considered no longer interested in the State Trooper position. Their State of Florida Employment Application is purged and they are eliminated from the selection process.
- Applicants who fail to attend the pre-employment testing and are interested in re-entering the selection process must complete a new State of Florida Employment Application and forward it to:

**Florida Highway Patrol
Background Investigations Section
2900 Apalachee Parkway, MS-49
Tallahassee, FL 32399**

- Please contact the Background Investigations Section at 850-617-2315, if you have any questions.
- Further information about the Selection Process and the FHP Training Academy may be obtained at the Florida Highway Patrol website at www.fhp.state.fl.us or www.BEATrooper.com .

FLORIDA HIGHWAY PATROL WEIGHT STANDARDS SCALE

MALE			FEMALE		
HEIGHT	MINIMUM	MAXIMUM	HEIGHT	MINIMUM	MAXIMUM
5'0"	104	145	5'0"	96	138
5'1"	107	150	5'1"	99	141
5'2"	110	155	5'2"	102	144
5'3"	113	158	5'3"	105	149
5'4"	117	163	5'4"	108	152
5'5"	120	167	5'5"	111	156
5'6"	124	173	5'6"	114	161
5'7"	128	178	5'7"	118	165
5'8"	132	183	5'8"	122	169
5'9"	136	187	5'9"	126	174
5'10"	140	193	5'10"	130	179
5'11"	144	198	5'11"	134	185
6'0"	148	204	6'0"	138	190
6'1"	152	209	6'1"	142	195
6'2"	156	215	6'2"	146	201
6'3"	160	220	6'3"	150	207
6'4"	169	231	6'4"	155	213
6'5"	174	238	6'5"	160	219
6'6"	179	245	6'6"	165	226
6'7"	184	252	6'7"	170	233
6'8"	189	260	6'8"	175	240
6'9"	195	269	6'9"	180	247
6'10"	201	277	6'10"	185	254
6'11"	207	285	6'11"	191	262
7'0"	213	294	7'0"	197	270



Florida Department of
Law Enforcement

**AUTHORITY FOR RELEASE
OF INFORMATION
(Background Investigation Waiver)**

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.



**CJSTC
58**

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME: _____
DATE OF BIRTH: _____
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: Florida Highway Patrol

ADDRESS: _____

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. **Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.**

Applicant's Signature _____ Date _____

Applicant's Address _____

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____

day of _____, year _____, By _____

Signature of Notary Public – State of Florida _____

Print, Type, or Stamp Commissioned name of Notary Public _____

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced _____



STATE TROOPER APPLICANTS SPECIAL INSTRUCTIONS

For Physician Assessment and Physical Fitness Assessment

Please follow these important instructions.

This packet is part of the selection process. Your failure to following these instructions or provide the necessary documentation will result in your file being placed inactive and you will not be eiligible to participate in the Physical Abilities Test (PAT).

- Step 1.** **Print out this entire packet. (Single Sheet Only, No double sided copies)**
- Step 2.** **Take the following 12 pages to your Physician to complete. Instructions for how you are to complete the forms are attached to the forms. Instructions for how the Physician should complete the forms are attached to the forms.**
- Step 3.** **Ensure that you have Page 24, of the Supplemental Application, CJSTC 75, CJSTC 75A, CJSTC 75B and the Patients Personal Medical History completed by your physician (MD not LPN or equivalent) within 30 days of the testing date, so that you may participate in the Physical Abilities Test.**

It is your responsibility to ensure that the forms are completed and submitted accurately and completely. Please make sure that your physician has documented and answered all the questions on these forms. You will not be allowed to participate if any of the forms are incomplete or not signed by a physician. Please refer to the written instructions provided with each form. This packet is part of the screening process and is used to determine your ability to correctly follow written instructions.

If you have any questions, please contact the Background Investigation Section at 850-617-2315.

Additional information about the selection process or the FHP Training Academy may be obtained at www.flhsmv.gov/fhp or www.BEATrooper.com

Terry L. Rhodes
Executive Director



Rick Scott
Governor

Pam Bondi
Attorney General

Jeff Atwater
Chief Financial Officer

Adam Putnam
Commissioner of Agriculture

2900 Apalachee Parkway
Tallahassee, Florida 32399-0500
www.flhsmv.gov

March 26, 2015

TO: Certified Physicians, Certified Advanced Registered Nurse, Physician's Assistant
Trooper Applicants

FROM: Major Mark Brown

SUBJECT: Physical Fitness Assessment/Physical Fitness Conditioning Program

It is a requirement for any basic recruit enrolled or employed in a basic recruit training program to participate in a physical fitness evaluation and training program. The Florida Highway Patrol Training Academy has a physical fitness program that covers the entire course of basic recruit training. Recruit employees are involved in physical fitness every day, Monday through Friday, for 45 to 50 minutes.

Mondays, Wednesdays and Fridays are run days. The training session begins with "static" stretching. Once the students are stretched, we run together as a group. A staff instructor, who is a CJSTC certified instructor, leads the run. Distances of the group run range from 1.5 miles to 6 miles. At the completion of the run, there is a brief "cool-down" by marching, followed by more "static" stretching. Running does not occur on days when the temperatures are below freezing, when the heat index is unsafe, or when other inclement weather is present.

Tuesdays and Thursdays are gym days. These training sessions take place in a climate-controlled gym with matted floors. Gym days consist of "static" stretching, calisthenics (to include but not limited to push-ups, sit-ups, jumping jacks, windmills, mountain climbers, etc.), followed by "static" stretching and a "cool-down" session. A staff member, who is a CJSTC certified instructor, leads the gym session.

Most of the academy training staff are certified first responders and instructors. There is an EMS station on site, to include a life flight helicopter. Automated External Defibrillators (AED's) are also located throughout the facility. Recruits who become injured in any way are referred to a physician for treatment, and if so ordered are excluded from fitness training until cleared by the physician.

The Florida Highway Patrol Training Academy takes great pride in its physical fitness and wellness program, and has taken every necessary step to provide a safe fitness training environment for its recruit employees.

Sincerely,

Major Mark Brown
Florida Highway Patrol
Training Academy



Florida Department of
Law Enforcement

PHYSICIAN'S ASSESSMENT

Incorporated by Reference in Rules 11B-27.002(1)(d), F.A.C.



CJSTC
75

1. Applicant's Name: _____
Last First MI

2. Applicant's Home Address: _____

3. Last Four Digits of the Applicant's Social Security Number: _____

4. Hiring Agency: _____

5. The Applicant Is Requesting Employment in one of the Following Disciplines:

Law Enforcement ☐ Correctional ☐ Correctional Probation ☐

Note: A position description was provided that describes the job duties the applicant will perform.

6a. To the Examining Physician:

The examination of this applicant is for employment as an officer, and shall include a complete physical examination at a level of specificity sufficient to determine whether there is any medical or physiological reason that would prevent the applicant from performing the essential functions for employment as an officer for the discipline indicated in number 5 above. Disabilities, impairment, or limitations identified by the examination, which would prevent the applicant from performing the essential functions for the officer position, should be reported to the employing agency.

6b. Physician's Attestment:

☐ I hereby attest that I have examined the above named applicant and find him/her **CAPABLE** of performing the essential functions of the law enforcement, correctional, or correctional probation officer job for which the applicant is seeking employment reflected in number 5 above.

☐ I hereby attest that I have examined the above named applicant and find him/her **NOT CAPABLE** of performing the essential functions of the law enforcement, correctional, or correctional probation officer job for which the applicant is seeking employment reflected in number 5 above.

7. **Pre-existing Conditions:** Sections 112.18 and 943.13, F.S., require agency knowledge of the following three pre-existing conditions. However, these outcomes do not statutorily disqualify the applicant from employment.

Please respond to the following "in my professional opinion, this examination":

7a. Did ☐ or did not ☐ reveal evidence of tuberculosis.

7b. Did ☐ or did not ☐ reveal evidence of heart disease.

7c. Did ☐ or did not ☐ reveal evidence of hypertension.

8. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Signature Printed Name Examination Date

9. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's License Number Licensing State

10. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Professional Address

INSTRUCTIONS FOR COMPLETING FORM CJSTC-75

Use this form to document and verify the applicant's compliance with the employment requirements of Section 943.13, F.S.

GENERAL INSTRUCTIONS

- This form or an equivalent form, indicating that the officer is capable of performing the essential functions of the law enforcement, correctional, or correctional probation officer duties for which the applicant is seeking employment, is required and shall be used in conjunction with the Patient Information form CJSTC-75A or an equivalent form, to assist the physician, certified advanced registered nurse practitioner, or physician assistant, by providing testing guidelines to examine the applicant.
- An employing agency shall provide a position description to the physician, certified advanced registered nurse practitioner, or physician assistant that describes the job duties the applicant will perform. The position description will assist in determining whether the applicant is capable of performing the essential functions of a law enforcement, correctional, or correctional probation officer duties for which the applicant is seeking employment.
- This form or an equivalent form shall be used to satisfy the requirements of Section 943.13(6), F.S., and Rule 11B-27.002(1)(d), F.A.C. The completed form CJSTC-75 or an equivalent form shall be completed for each new employment or appointment of an officer, and shall not be completed more than one year prior to an officer's employment or appointment. A CJSTC-75 form completed for a specific employing agency shall not be used by any other employing agency.

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

1. **Applicant's Name:** Enter the applicant's full legal name.
2. **Applicant's Address:** Enter the applicant's home address.
3. **Last Four Digits of the Social Security Number:** Enter the last four digits of the applicant's social security number as in this example: 000-00-1234.
4. **Hiring Agency:** Enter the hiring agency's name.
5. **Request for Employment as an officer:** Place a check mark in the box for one of the following disciplines: Law Enforcement, Correctional, or Correctional Probation.
- 6a. **Examining Physician:** The examining physician shall examine the applicant for any medical or physiological reasons that would prevent the applicant for employment as an officer pursuant to the attached job duties.
- 6b. **Physician's Attestment:** The physician, certified advanced registered nurse practitioner, or physician assistant shall mark the appropriate box attesting that the applicant is capable or not capable of performing the essential functions of the law enforcement, correctional, or correctional probation officer discipline for which the officer/applicant is seeking employment.
7. Sections 112.18 and 943.13, Florida Statutes, require agency knowledge of the following three pre-existing conditions for potential future disability claims. These outcomes are not disqualifying for employment.
 - a. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of tuberculosis.
 - b. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of heart disease.
 - c. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of hypertension.
8. **Signature:** The physician, certified advanced registered nurse, or Physician Assistant shall sign and print his or her name and enter the examination date.
9. **License Number:** Enter the physician, certified advanced registered nurse practitioner, or physician assistant's license number.
Licensing State: Enter the state in which the physician, certified advanced registered nurse practitioner, or physician assistant is licensed.
10. **Professional Address:** Enter the physician, certified advanced registered nurse, or physician assistant's professional address.



Florida Department of
Law Enforcement

PATIENT INFORMATION

Incorporated by Reference in Rule 11B-27.002(1)(d), F.A.C.



**CJSTC
75A**

1. Applicant's Name: _____
Last First MI
2. Applicant's Address: _____
Street, Apt. or Post Office Box Number City State Zip Code
3. Last Four Digits of Social Security Number: _____ Phone: _____ Date of Birth: _____
(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary)
4. Hiring Agency: _____ 5. Position Applied For: _____

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

Please note the presence of eyeglasses, contact lenses, hearing aids, or devices such as braces, supports, canes, crutches, or prostheses.

1. Gender: _____ 2. Height (in inches): _____ 3. Weight (pounds): _____ 4. Blood Pressure: _____
5. Resting Pulse: _____ (please note any irregularity) 6. Oral Temperature: _____
7. Resting Respiratory Rate: _____ 8. Corrected Visual Acuity: Right Eye: _____ Left Eye: _____
9. Physical Examination. Please check Normal or Abnormal after each entry and make comments at the bottom of the form.

	Normal	Abnormal
Color Perception	<input type="checkbox"/>	<input type="checkbox"/>
Estimated Field of Vision	<input type="checkbox"/>	<input type="checkbox"/>
Estimated Auditory Acuity	<input type="checkbox"/>	<input type="checkbox"/>
Head, Eyes, Ears, Nose, Throat, Neck, and Thyroid Gland	<input type="checkbox"/>	<input type="checkbox"/>
Thorax and Lungs	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Neurologic	<input type="checkbox"/>	<input type="checkbox"/>
Spine	<input type="checkbox"/>	<input type="checkbox"/>
Extremities	<input type="checkbox"/>	<input type="checkbox"/>
Mental Status	<input type="checkbox"/>	<input type="checkbox"/>
Electrocardiogram	<input type="checkbox"/>	<input type="checkbox"/>
Urinalysis	<input type="checkbox"/>	<input type="checkbox"/>
Complete Blood Count	<input type="checkbox"/>	<input type="checkbox"/>
Blood Chemistry Panel	<input type="checkbox"/>	<input type="checkbox"/>

10. Comments: _____

11. Results of tuberculosis skin test: _____

12. Sections 112.18 and 943.13, F.S. requires agency knowledge of the following three pre-existing conditions. However, these outcomes do not statutorily disqualify the applicant from employment. Accordingly, please respond to the following: In my professional opinion, this examination:
 - A. Did ☐ or did not ☐ reveal evidence of tuberculosis.
 - B. Did ☐ or did not ☐ reveal evidence of heart disease.
 - C. Did ☐ or did not ☐ reveal evidence of hypertension.

INSTRUCTIONS FOR COMPLETING FORM CJSTC-75A

Please type or print in black or blue ink and use capital and small letters to write names and addresses.

GENERAL INSTRUCTIONS

This form or an equivalent form is to be provided to the examining physician, certified advanced registered nurse practitioner, or physician assistant to use when conducting a physical examination and shall be used in conjunction with the Physician's Assessment form CJSTC-75 or an equivalent form.

Upon completion of the physical, a completed copy shall be provided to the applicant or employing agency.

Employing Agencies Instructions for Completing Form CJSTC-75A

1. **Applicant's Name:** Enter the applicant's full legal name.
2. **Applicant's Address:** Enter the applicant's home address.
3. **Social Security Number (optional):** Enter the last four digits of the applicant's social security as in this example: 000-00-0000.
4. **Hiring Agency:** Enter the hiring agency's name.
5. **Position Applied For:** Enter one of the following disciplines: Law enforcement, correctional, or correctional probation.

Physician's Instructions for Completing Form CJSTC-75A

Note: Indicate the presence of supportive devices by specifying on the provided lines.

1. **Gender:** Enter the sex of the applicant.
2. **Height:** Enter the height of the applicant in inches.
3. **Weight:** Enter the weight of the applicant in pounds.
4. **Blood Pressure:** Enter the applicant's systolic and diastolic blood pressure rate.
5. **Resting Pulse:** Enter the applicant's resting pulse rate. Note any irregularities.
6. **Oral Temperature:** Enter the applicant's oral temperature.
7. **Resting Respiratory Rate:** Enter the applicant's resting respiratory rate.
8. **Corrected Visual Acuity:** Enter the applicant's corrected visual acuity of the right and left eye.
9. **Physical Examination.** Enter NORMAL or ABNORMAL in the boxes that details the tests and physical examination of the applicant.
10. **Comments:** Enter any additional comments.
11. **Results of the Tuberculosis Skin Test:** Enter the applicant's results of the Tuberculosis Skin Test.
12. Sections 112.18 and 943.13, Florida Statutes, require agency knowledge of the following three pre-existing conditions for potential future disability claims. These outcomes are not disqualifying for employment.
 - A. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of tuberculosis.
 - B. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of heart disease.
 - C. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of hypertension.



Florida Department of
Law Enforcement

PHYSICAL FITNESS ASSESSMENT

Incorporated by Reference in Rule 11B-35.001(11)(d)14., F.A.C.



**CJSTC
75B**

1. Applicant's Name: _____
Last First MI
2. Applicant's Address: _____
3. Enter Last Four Digits of Social Security Number: _____
4. Training School: _____
5. The Applicant Is Requesting Admission Into a Basic Recruit Training Program for One of the Following Disciplines:
Law Enforcement ☐ Correctional ☐ Correctional Probation ☐
6. Student Participation in Basic Recruit Training Program Activities. A student enrolled in a basic recruit training program (B RTP) is required to participate in the following activities:
 - A. Defensive tactics and firearms high-liability training is a component of the curriculum mandated by the Criminal Justice Standards and Training Commission. Firearms training requires firing a handgun and long gun creating exposure to lead. Defensive tactics training requires sustained physical exertion and chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzal-malononitrile (CS).
 - B. Physical Fitness Conditioning and Physical Fitness Testing: A B RTP student shall participate in physical fitness conditioning and a fitness test and includes the following measures:
 - Vertical Jump
 - One Minute Sit Ups
 - 300 Meter Run
 - Maximum Push Ups
 - 1.5 Mile Run/Walk
 - C. The training center director has attached the training schools physical fitness conditioning program: Yes ☐

*****TO BE COMPLETED BY THE APPLICANT*****

7. Medical Conditions Regarding OC/CS Contamination. A B RTP student should be aware of the following personal considerations that may restrict participation in the chemical agent contamination of the B RTP and could possibly be aggravated to a severe degree during the contamination: Recent eye surgery, heart problems, panic disorder or stress, respiratory disorder, emphysema (loss of elasticity/thinning of lung tissues), bronchial asthma, x-ray evidence of pneumoconiosis (black lung), evidence of reduced pulmonary (lung) function, chronic obstructive pulmonary disease, coronary (heart) artery disease, cerebral (brain) blood vessel disease, severe or progressive hypertension (high blood pressure), epilepsy, grand mal or petite mal (seizures), pernicious anemia (severe reduction in red blood cells), diabetes (any form), pneumomediastinum gap (air in the sac surrounding lungs), history of skin allergies, or any condition for which the student is presently taking medication.
8. B RTP Student Certification. I certify that I have reviewed the above information and ☐ I do or ☐ do not have any medical restrictions that would prevent me from participating in the basic recruit training program activities outlined in item numbers 6, 6A, and 6B above.
9. Student's Printed Name: _____
10. Student's Signature: _____ Date: _____
11. Prior Exposure to OC or CS. For a student who has had prior chemical agent exposure that includes chemical agent contamination and working through the effects of chemical agent contamination in a training environment, please attach the supporting documentation of prior exposure and check one of the following boxes:
I certify that I have ☐ OR I have not ☐ been exposed to oleo-resin capsicum (OC) and/or orthochlorobenzal-malononitrile (CS) in the manner described in item number 11 above.

*****TO BE COMPLETED BY THE EXAMINING PHYSICIAN*****

12. Physician Attestment. The above applicant is seeking entry into a law enforcement, correctional, or correctional probation basic recruit training program. Rule 11B-35.001(11)(d)14., F.A.C., requires a complete physical examination at a level of specificity sufficient to determine whether there are any medical or physiological restrictions that would prevent the applicant from performing the required activities described in items 6, 6A, and 6B above. Disabilities, impairment, or limitations identified by the examination that would prevent the applicant from performing the required activities should be reported to the training school indicated in item number 4 above.
 - ☐ I hereby attest that I have examined the above named applicant and find him or her **CAPABLE** of participating in the basic recruit training program activities indicated in item numbers 6, 6A, and 6B above.
 - ☐ I hereby attest that I have examined the above named applicant and find him or her **NOT CAPABLE** of participating in the basic recruit training program activities indicated in item numbers 6, 6A, and 6B above.
13. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Signature Printed Name Examination Date
14. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's License Number Licensing State
15. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Professional Address

*****TO BE COMPLETED BY THE TRAINING CENTER DIRECTOR OR DESIGNEE*****

16. Training Center Director or Designee's Printed Name: _____
Training Center Director or Designee's Signature: _____ Date: _____

INSTRUCTIONS FOR COMPLETING FORM CJSTC-75B

A basic recruit student approved to enter a basic recruit training program (B RTP) shall review and complete form CJSTC-75B to indicate the presence of any medical conditions that may prevent participation in the Physical Fitness Program and Chemical Agent Contamination of the B RTP. A copy of the Physical Fitness Program for law enforcement, correctional, or correctional probation discipline shall be attached to this form for the student to review.

1. **Applicant's Name.** Enter the applicant's last name, first name, and middle initial.
2. **Applicant's Address.** Enter the applicant's current address, city, state, and zip code.
3. **Applicant's Social Security Number.** Enter the last four digits of the applicant's social security number as in this example: 000-00-1234.
4. **Training School Name.** Enter the name of the Commission-certified criminal justice training school where the applicant is enrolled.
5. **Basic Recruit Training Program Discipline.** Place a check mark in one of the box(es) for the law enforcement, correctional, or correctional probation discipline for which the applicant is requesting admission.
6. **Student Participation in Basic Recruit Training Program Activities. Defensive Tactics (includes chemical agent contamination), Firearms, and Physical Fitness Conditioning and Physical Fitness Testing:** High-liability training in defensive tactics, firearms, and chemical agent contamination is a component of the curriculum mandated by the Criminal Justice Standards and Training Commission and participation in the activities is a requirement for successfully completing a B RTP. **There is no pass or fail at this time.** The test results for each of the five required tests will be recorded on the Academy Physical Fitness Standards Report, form CJSTC-67A as "I" if the student did not perform the test component or "D" if the student was dismissed from the basic recruit training program.
 - A. **Defensive Tactics and Firearms Training.** Firearms training requires firing a handgun and long gun creating exposure to lead. Defensive tactics training requires sustained physical exertion and chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzal-malonotrile (CS).
 - B. **Physical Fitness Conditioning and Physical Fitness Testing.** The Physical Fitness Test includes the following measures and are defined as follows:
 - **Vertical Jump.** This measures leg power by measuring how high a person jumps.
 - **One Minute Sit Ups.** This measures abdominal, or trunk, muscular endurance. While lying on his or her back, the student will be given one minute to do as many bent-leg sit ups as possible.
 - **300 Meter Run.** This measures anaerobic power, or the ability to make an intense burst of effort for a short time period or distance. This component consists of sprinting 300 meters as fast as possible.
 - **Maximum Push Ups.** This measures the muscular endurance of the upper body. This component consists of doing as many push ups as possible until muscular failure. Males are required to perform the standard push-up and females have the option to perform the standard or modified push-up.
 - **1.5 Mile Run/Walk.** This measures aerobic power or cardiovascular endurance (stamina over time). To complete this component, the student runs or walks a distance of 1.5 miles as fast as possible.
 - C. **A physical fitness conditioning program developed by the training school shall be attached to form CJSTC-75B prior to the student's examination by a physician, certified advanced registered nurse practitioner, or the physician's assistant.**
7. **Medical Conditions Regarding Chemical Agent Contamination.** The student shall review the listed medical conditions and list other conditions that may restrict him or her from participating in Chemical Agent Contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzal-malonotrile (CS).
8. **Basic Recruit Training Program Activities Certification.** The student shall check the appropriate box to indicate if he or she **does or does not** have a medical condition that would restrict participation in the B RTP activities indicated in item numbers 6, 6A, and 6B of this form.
9. **Student's Printed Name.** The student shall print his or her first name, last name, and middle initial.
10. **Student's Signature and Date.** The student shall provide a signature and date to verify the information provided by the student is true and correct.
11. **Prior Exposure to Chemical Agent Contamination.** The student shall indicate in the appropriate box if he or she has been previously exposed to chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzal-malonotrile (CS), and shall attach supporting documentation of such contamination.
12. **Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Attestment.** The physician shall check the appropriate box to indicate if the student is capable or not capable of participating in the B RTP activities indicated in item numbers 6, 6A, and 6B of this form.
13. **Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Signature, Printed Name, and Examination Date.** The physician shall complete this item to verify his or her attestment to item number 12 of this form.
14. **Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's License Number and Licensing State.** The physician shall complete this item to verify his or her valid license number and licensing state.
15. **Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Professional Address.** The physician shall print his or her complete professional address.
16. **Training Center Director or Designee's Printed Name, Signature and Date.** The training center director or designee who signs this form shall print his or her legal first and last name. The training center director or designee shall sign and date this form.

PATIENTS PERSONAL HISTORY

Patient No.

FHP Applicant

Date

Confidential Record: Information contained here will not be released except when you have authorized us to do so.

Patient Name

Address

City State Zip

Date of Birth

Home Phone

Work Phone

Sex

☐ Male

☐ Female

Marital Status

Person to notify in case of emergency

Name

Address

City State Zip

Work Phone

Home Phone

Relationship

Do you have or had experienced any of the following? If so please indicate when

Stroke

Cancer

High Blood Pressure

Tuberculosis

Diabetes

Leukemia

Epilepsy

Suicide

Migraine

Asthma

Hay Fever

Bleeding Tendency

Heart Attack

Stomach Ulcers

Kidney Disease

Goiter

Arthritis

Colitis

Nervous Breakdown

Rheumatic Heart

Insanity

Congenital Heart

PERSONAL HABITS

☐ YES ☐ NO

Do you regularly smoke?

☐ Cigarettes

☐ Pipe

☐ Cigars

How many years?

☐ YES ☐ NO

Do you regularly drink over 6 cups of coffee per day?

☐ YES ☐ NO

Do you regularly drink alcohol? If so, how much per day? (1 oz. 2 oz. 1 bottle. 2 bottles)

☐ YES ☐ NO

Do you have difficulty in falling asleep?

MEDICATIONS:

Aspirin, Bufferin, Anacin

☐ YES

☐ NO

Blood pressure pills

☐ YES

☐ NO

Cortisone

☐ YES

☐ NO

Cough medicine

☐ YES

☐ NO

Digitalis

☐ YES

☐ NO

Hormones

☐ YES

☐ NO

Insulin or diabetic pills

☐ YES

☐ NO

Iron or poor blood medications

☐ YES

☐ NO

Laxatives

☐ YES

☐ NO

Sleeping pills

☐ YES

☐ NO

Thyroid medicine

☐ YES

☐ NO

Weight reducing pills

☐ YES

☐ NO

Blood thinning pills

☐ YES

☐ NO

Dilantin

☐ YES

☐ NO

Shots

☐ YES

☐ NO

Water pills

☐ YES

☐ NO

Antibiotics

☐ YES

☐ NO

Barbiturates

☐ YES

☐ NO

Birth control pills

☐ YES

☐ NO

Phenobarbital

☐ YES

☐ NO

Other drugs not listed

☐ YES

☐ NO

Tranquilizers

☐ YES

☐ NO

Write the names and year of any operations which you have had.

Name any drugs to which you are allergic.

Name any other allergies you may have. (food, insects, skin, etc.)

Write the names of any disease you have had which required hospitalization.

Serious illnesses which you have had. (not requiring hospitalization)

Serious injuries or accidents.

If you have had a change in bowel habit recently answer the following:

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Cramps in the abdomen? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Alternating diarrhea and constipation? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Pain during or after bowel movement? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Mucous in the stool? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Blood in the stool? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Ribbon-like stool? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Black stool? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Required use of strong laxatives or enemas? |

When or since when?

Have you had?

- | | | |
|------------------------------|-----------------------------|---------------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Burning when urinating? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Loss of control of bladder? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Blood in the urine? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Dark colored urine? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Trouble starting to urinate? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Trouble holding the urine? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Getting up frequently at night? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Passed a kidney stone? |

When or since when?

Have you recently had?

- ☐ YES ☐ NO Pains in calves while walking?
- ☐ YES ☐ NO Cramps in legs at night?
- ☐ YES ☐ NO Pain in the big toe?
- ☐ YES ☐ NO Varicose veins?
- ☐ YES ☐ NO Phlebitis or inflamed leg veins?
- ☐ YES ☐ NO Swelling in the ankles?

When or since when?

To be answered by MEN only. Have you ever had?

- ☐ YES ☐ NO Loss of sexual activity? For how long? _____
- ☐ YES ☐ NO Treatment for genitals?
- ☐ YES ☐ NO Discharge from penis?
- ☐ YES ☐ NO Hernia (rupture)?
- ☐ YES ☐ NO Prostate trouble?

Describe any medical conditions (past or present) that could affect your training or performance as an L.E. Officer

To be answered by WOMEN only.

- ☐ YES ☐ NO Are you having regular monthly menstrual periods?
- ☐ YES ☐ NO Have you ever had bleeding between your periods? When? _____
- ☐ YES ☐ NO Do you have very heavy bleeding with your periods? When? _____
- ☐ YES ☐ NO Do you feel bloated and irritable before your period?
- ☐ YES ☐ NO Are you now on or have you ever taken the birth control pill? When? _____
- ☐ YES ☐ NO Have you ever had a miscarriage? When? _____
- ☐ YES ☐ NO Have you ever had a discharge from the nipple of your breast? When? _____
- ☐ YES ☐ NO Do you regularly have the cancer test of the cervix? Date of last test: _____

How many children born alive _____

How many still births? _____

How many premature births? _____

Date of last menstrual period _____

How many miscarriages? _____

How many cesarean operations? _____

Any complication of pregnancy _____

To be answered by MEN & WOMEN.

- ☐ YES ☐ NO Do you frequently have severe headaches? (If YES, answer the following)
- ☐ YES ☐ NO Do they cause visual trouble?
- ☐ YES ☐ NO Do they occur on one side of the head?
- ☐ YES ☐ NO Do they awaken you at night from sleep?
- ☐ YES ☐ NO So they feel like a tight hat band?
- ☐ YES ☐ NO Do they hurt most in the back of the head and neck?
- ☐ YES ☐ NO Does aspirin relieve them?

- ☐ YES ☐ NO Have you ever fainted?
- ☐ YES ☐ NO Spells of dizziness?
- ☐ YES ☐ NO Spells of weakness of arms or legs?
- ☐ YES ☐ NO Ringing in ears
- ☐ YES ☐ NO Do you frequently have bleeding gums?
- ☐ YES ☐ NO Do you frequently have trouble swallowing?
- ☐ YES ☐ NO Do you frequently have hoarseness?

Have you ever had shortness of breath?

- ☐ YES ☐ NO Doing your usual work?
- ☐ YES ☐ NO Climbing a flight of stairs?
- ☐ YES ☐ NO Which awakens you at night?
- ☐ YES ☐ NO Do you have a chronic cough?

Have you ever had shortness of breath?

- ☐ YES ☐ NO Doing your usual work?
- ☐ YES ☐ NO Climbing a flight of stairs?
- ☐ YES ☐ NO Which awakens you at night?
- ☐ YES ☐ NO Do you have a chronic cough?

Have you ever had chest pain or tightness in the chest which begins when:

- ☐ YES ☐ NO When exerting yourself?
- ☐ YES ☐ NO When walking against a wind?
- ☐ YES ☐ NO When walking up a hill?
- ☐ YES ☐ NO After a heavy meal?
- ☐ YES ☐ NO When upset or excited?
- ☐ YES ☐ NO Palpitations
- ☐ YES ☐ NO Do you sleep on more than one pillow?

- ☐ YES ☐ NO Have you ever had a convulsion?
- ☐ YES ☐ NO Double vision?
- ☐ YES ☐ NO Pains in ear?
- ☐ YES ☐ NO Nosebleeds?
- ☐ YES ☐ NO Do you frequently have a sore tongue?
- ☐ YES ☐ NO Do you frequently have nausea and vomiting?

- ☐ YES ☐ NO Which causes you to cough?
- ☐ YES ☐ NO Accompanied by wheezing?
- ☐ YES ☐ NO Have you ever coughed blood?
- ☐ YES ☐ NO Do you cough up much sputum?

- ☐ YES ☐ NO Radiates down the arm?
- ☐ YES ☐ NO Disappears if you rest?
- ☐ YES ☐ NO Occurs only at rest?
- ☐ YES ☐ NO When walking fast?
- ☐ YES ☐ NO When walking in cold weather?

If you have chest pain or tightness please explain _____

Have you recently had pain in the stomach which:

- ☐ YES ☐ NO Occurs 1 - 2 hours after a meal?
- ☐ YES ☐ NO Is brought on by eating fried foods, gassy foods?
- ☐ YES ☐ NO Awakens you at night?
- ☐ YES ☐ NO Is relieved by antacid medications?
- ☐ YES ☐ NO Is relieved by antacid medications?
- ☐ YES ☐ NO Is relieved with milk or eating?
- ☐ YES ☐ NO Occurs while eating or immediately after?
- ☐ YES ☐ NO Loss of appetite?



FLORIDA HIGHWAY PATROL PHYSICAL ABILITIES TEST INSTRUCTIONS

The Physical Abilities Test (PAT) was designed to assess physical attributes which reflect core enabling knowledge, skills and abilities and essential tasks common for law enforcement, corrections and correctional probation officers. The PAT is to be conducted in a continuous flow manner that is time dependent in order to determine the participant's level of physical condition and aerobic capacity. The PAT measures specific physical abilities through a series of tasks which are listed as follows:

1. exiting vehicle/open trunk
2. 220 yard run
3. obstacle course
4. dummy drag
5. obstacle course (repeat)
6. 220 yard run (repeat)
7. dry fire weapon
8. place items in trunk/enter vehicle

TASK 1: The test begins with applicant seated in a full size automobile, seat belt on, with hands at the 10 and 2 o'clock position on the steering wheel. Around the applicants waist is a pull away flag belt with flags positioned over each hip. Trunk key is placed in the vehicle glove box which is in the closed position. The vehicle trunk released is not to be used by the applicant. A handgun and a baton/flashlight are positioned in the front center part of the trunk. The trunk is closed and locked. On the command "GO" the stop watch is started and the participant removes hands from the steering wheel, unfastens seat belt, opens glove box and removes key. Exit vehicle (the glove box and door are left open). Move to the back of the vehicle and insert key and unlock and open trunk. Immediately after opening the trunk the participant touches each flag with the opposite hand, from behind the back, and the belt is pulled away (letting the belt fall to the ground). The handgun and the baton/flashlight are removed from the trunk, the trunk is closed with the key remaining in the lock. Move to the bench or stool. Place handgun on the bench or stool, continue to hold flashlight/baton. Immediately proceed with flashlight/baton to the beginning position of the 220 yard run.

TASK 2: While carrying the flashlight/baton the applicant runs 220 yards on a flat surface to the entrance of the obstacle course.

TASK 3: Upon completion of the 220 yard run the applicant passes through the pylons at the entrance of the obstacle portion of the course. Ten feet into the obstacle course the participant must climb over a 40 inch wall, followed by a series of three (24, 12, and 18 inch) hurdles five feet apart, located 10 feet beyond the wall. ten feet beyond the final hurdle the applicant encounters the first of nine pylons in a single row spaced five feet apart. The applicant must serpentine through the pylons. Ten feet beyond the last pylon the participant must crawl under a 27 inch high, eight foot long low crawl area after which the applicant stands, moves to the pylons located seven feet beyond the low crawl and drops the flashlight/baton beside one of the pylons. (NOTE: if at any time, the applicant knocks over a hurdle or pylon they immediately stop and repeat that portion of the obstacle.)

TASK 4: the applicant then sprints 50 feet, grabs the 150 pound dummy and drags it 100 feet on a cut grass surface.

TASK 5: Upon completion of the dummy drag the participant sprints back to the pylons, picks up the flashlight/baton and reverses course through the obstacles. After the wall climb the participant moves through the pylons and once again repeats the 220 yard run.

TASK 6: 220 yard run. (Repeat of Task 2)

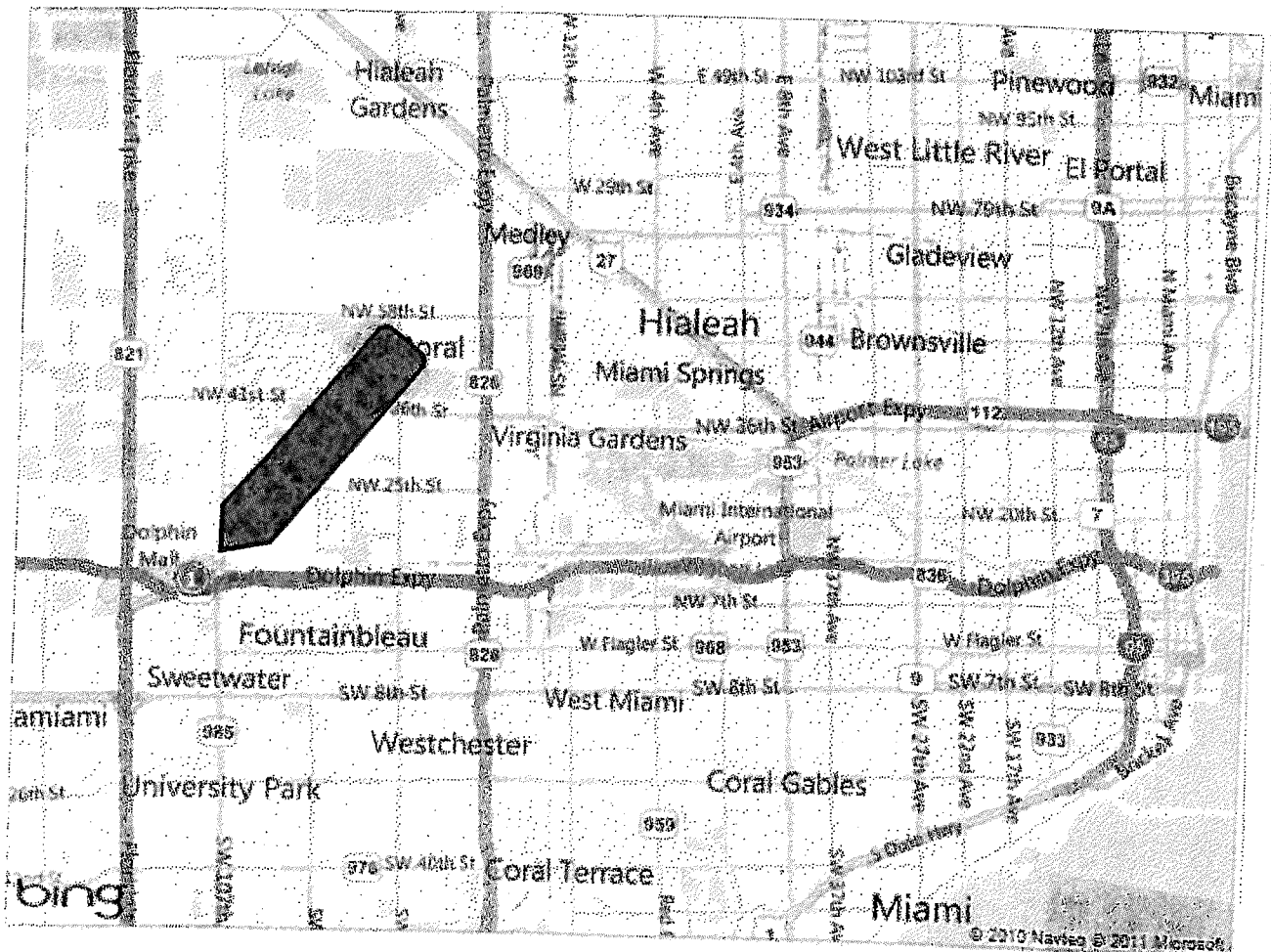
TASK 7: After completing the 220 yard run, the applicant places the flashlight/baton on the bench and picks up the hand gun. Then assumes a proper firing position and fires six rounds each using the dominate, then non-dominant hand.

TASK 8: After the applicant fires the weapon (the trunk is opened) the weapon and flashlight/baton are placed inside the trunk and the trunk is closed. The key is then removed, and the applicant reenters the vehicle, closing the vehicle door, places the key in the glove box, closes the glove box, re-fastens the seat belt and places both hands on the steering wheel, at which time the test ends.

**SUCCESSFUL COMPLETION OF THIS TEST IS A MAXIMUM TIME OF SIX
MINUTES AND FOUR SECONDS.**

**Directions to Florida Highway Patrol Headquarters Troop E
1011 111th Ave, Miami, FL 33172 (305) 470-2500**

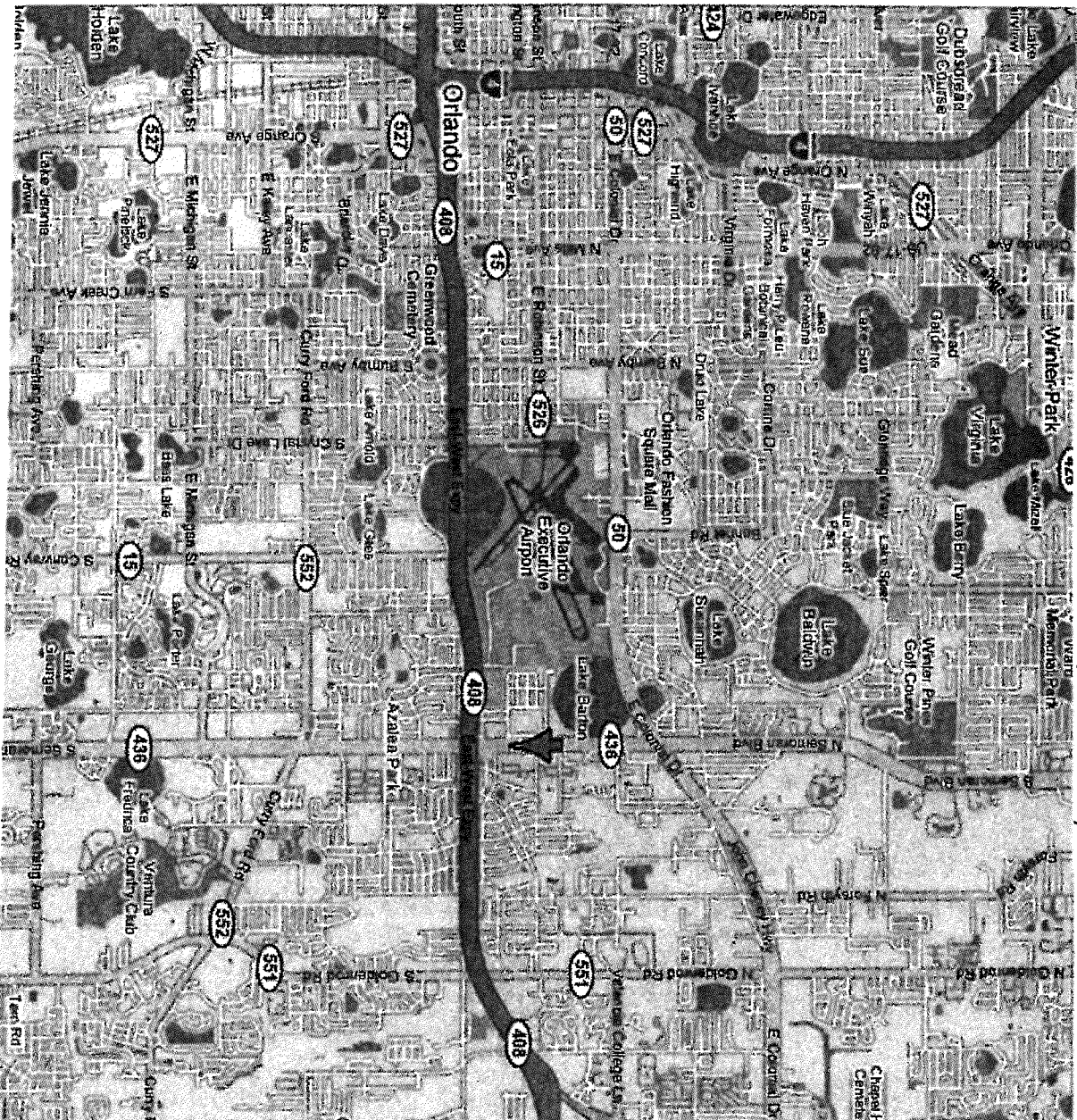
From South bound State Road 821 (Florida Turnpike Extension)
At exit 25A-27, take ramp right for NW 12th Street toward Airport/SW 8 Street West
Turn left onto NW 12th Street/ Dolphin mall Blvd 0.8 mile
Turn right onto NW 111th Ave 0.1 mile
Arrive at 1011 NW 111th Ave Miami FL 33172

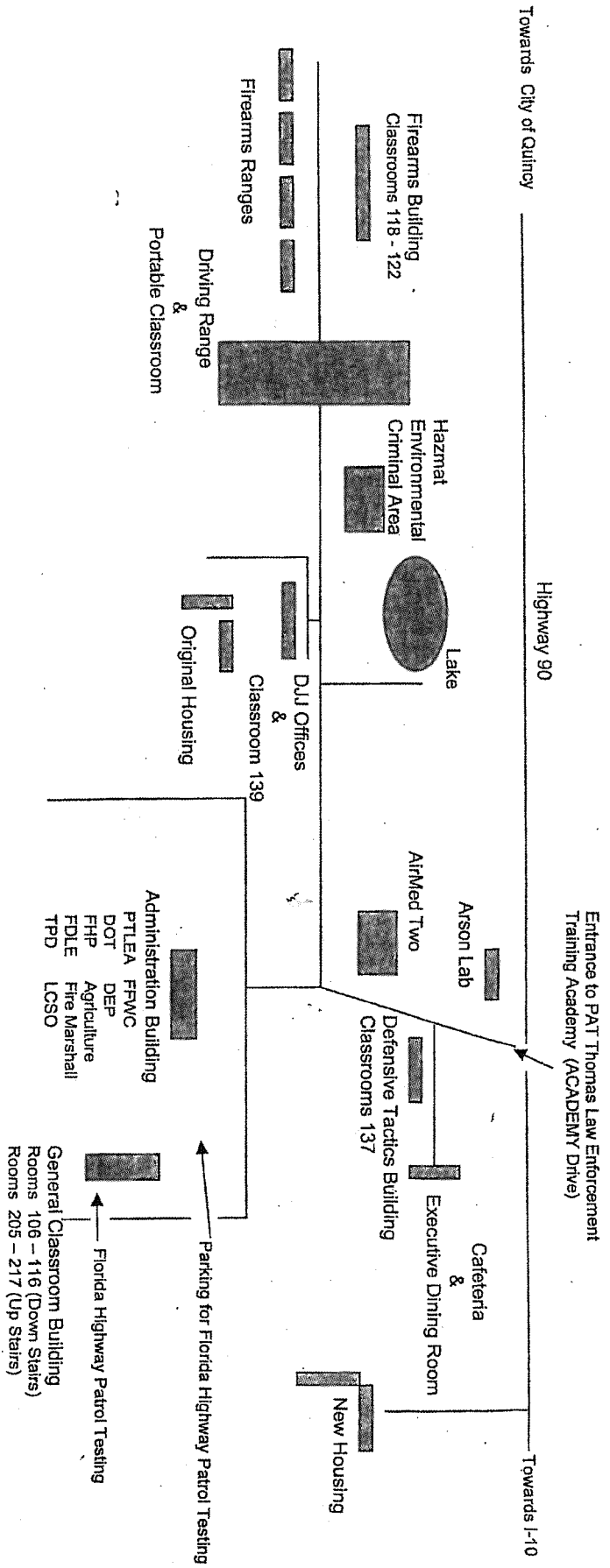


Directions to Florida Highway Patrol Headquarters Troop D
133 South Semoran Blvd, Orlando FL 32807

From I-4: take I-4 to State Road 408 (East West Expressway). Travel east on State Road 408 to State Road 436 (Semoran Blvd). Exit to State Road 436. Turn left and travel north on State Road 436. The Florida Highway Patrol station will be on your right (East shoulder).

From US 441 (Orange Blossom Trail): Take US 441 to State Road 50 (Colonial Drive), Travel east on State Road 50. Continue to travel east till State Road 436 (Semoran Blvd). Make a right turn on State Road 436 and travel south. You will pass two traffic signals. After the second traffic signal the Florida Highway Patrol station will be on your left. (East shoulder)





Map of Pat Thomas Law Enforcement Academy Property

Take I-10 to Exit 192 (US 90).
Take US 90 west approximately 6.4 miles to Pat Thomas Law Enforcement Academy, the academy is on the left, across from the East Gadsden High School.



FLORIDA HIGHWAY PATROL



BACKGROUND INVESTIGATORS

TROOP A

Trooper Laramie Battle
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TROOP B

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michaelcagle@flhsmv.gov
Wk: 386-758-0499

TROOP C

Trooper Stanley Rice
11305 N. McKinley Drive Tampa FL 33612
stanleyrice@flhsmv.gov
Wk: (813) 558-1817

TROOP D

Trooper Darryl Davis
133 S Semoran Blvd Suite A Orlando FL 32807
darryldavis@flhsmv.gov
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TROOP E

Trooper Benjamin Hollinger/Trooper Mike Brown
1011 NW 111 Ave Miami FL 33172
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TROOP F

Trooper Kenneth Watson
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TROOP G

Trooper Michael Elder
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TROOP L

TBA
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Trooper Elliott Rosen
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TROOP Q

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